

**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Henricus Petrus Joseph TE RIELE, et al.
Title: HOMOLOGOUS RECOMBINATION IN MISMATCH REPAIR
INACTIVATED EUKARYOTIC CELLS
Appl. No.: 09/884,877
Filing Date: 06/20/2001
Examiner: J. Woitach
Art Unit: 1632

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- ☐ Assertion of Small Entity status is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	20	-	20	=	0	x	\$18.00	=	\$0.00
Independent Claims:	3	-	3	=	0	x	\$88.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$300.00	=	\$0.00
CLAIMS FEE TOTAL									\$0.00

☒ Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$430.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$980.00	\$980.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,530.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,080.00	\$0.00
EXTENSION FEE TOTAL:			\$980.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$980.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$980.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

☒ **A check in the amount of \$980.00 to cover a three month extension of time is enclosed.**


☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 14, 2004

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By  (45,943) For
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